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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/075,803 02/11/2002 PAT 6,804,545
 which is a DIV of 09/551,467 04/17/2000 PAT 6,628,976
 which claims benefit of 60/178,478 01/27/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 8
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TITLE
 Catheter having mapping assembly

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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